



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

August 4, 2006

Jeffrey Mikesell, Administrator  
Beehive Homes - The Cottages, LLC  
710 North 21st Street Apt 5  
Coeur D'Alene, ID 83814

License #: RC-855

FILE COPY

Dear Mr. Mikesell:

On June 14, 2006, a initial licensure survey was conducted at Beehive Homes - The Cottages, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Rae Jean McPhillips, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

RAE JEAN MCPHILLIPS  
Team Leader  
Health Facility Surveyor  
Residential Assisted Living Program

RJM/slc

c: Jamie Simpson, BS, QRMP, MBA, Supervisor, Residential Community Care Program



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June 27, 2006

FILE COPY

Jeffrey Mikesell, Administrator  
Beehive Homes - The Cottages, LLC  
710 North 21st Street Apt 5  
Coeur D'Alene, ID 83814

Dear Mr. Mikesell:

On June 14, 2006, an initial licensure was conducted at Beehive Homes - The Cottages, LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 14, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

VIRGINIA LOPER, R.N.  
Supervisor  
Residential Community Care Program

VL/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R855</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/14/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEEHIVE HOMES - THE COTTAGES, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>632 NORTH 21ST STREET COEUR D'ALENE, ID 83814</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial survey conducted on June 13, 2006. The surveyors conducting the initial survey were:</p> <p>Rae Jean McPhillips, RN Team Leader Health Facility Surveyor</p> <p>Debbie Sholley, LSW Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

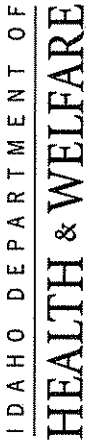
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

5IH811

If continuation sheet 1 of 1



**BUREAU OF FACILITY STANDARDS**  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

## ASSISTED LIVING

### Non-Core Issues

#### Punch List

Facility Name	Beehive Homes - The Cottages	Physical Address	623 N. 21 <sup>st</sup>	Phone Number	208-765-3191
Administrator	Jeff Mikesell	City	Coeur d'Alene	ZIP Code	83314
Survey Team Leader	Roe Jean McPhillips	Survey Type	Initial	Survey Date	6/14/06

## NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

09/15/06

representative  
D. A. Hall, Jr.